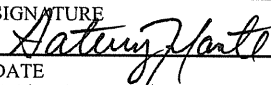


AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>				<b>DUE DATE:</b>	
<i>Please Read Instructions:</i>					
1. NAME Hatuey Infante-Castellanos		2. PHONE NUMBER (787) 671-4898		3. DATE 10/31/2013	
4. MAILING ADDRESS PO Box 12014		5. CITY San Juan		6. STATE PR	7. ZIP CODE 00914
8. CASE NUMBER 10-1320	9. JUDGE Hon. Silvia Carreño-Coll	DATES OF PROCEEDINGS			
12. CASE NAME Orlando Alejandro-Ortiz, et al., v. Puerto Rico Electric Power		10. FROM 10/21/2013		11. TO 10/21/2013	
		LOCATION OF PROCEEDINGS			
		13. CITY San Juan		14. STATE PR	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Civil Hearing	
<input type="checkbox"/> BAIL HEARING				10/21/13	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE 			PROCESSED BY		
19. DATE 10/31/2013			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID					
TRANSCRIPT ORDERED					
TRANSCRIPT RECEIVED					
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT					
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00	

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